



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Philip P. Huang, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

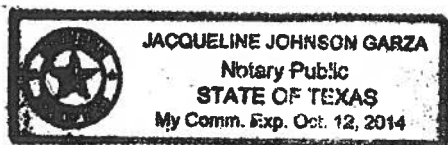

Affiant

15 Waller St, Austin, Texas 78702
Mailing Address ZIP

512-972-5855 512-587-9045
(Area Code) Phone Number (day and evening)

Philip.huang@austintexas.gov
Email Address

SWORN TO and subscribed before me this 19 day of Feb., 2014.



(Seal)


Signature of Person Administering Oath

Jacqueline Johnson-Garza
Printed Name


Notary Public for the State of Texas
Title



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Paul R. Hinchey, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

517 South Pleasant Valley, Austin, Texas 78741
Mailing Address ZIP

512-978-0001 919-946-5775
(Area Code) Phone Number (day and evening)

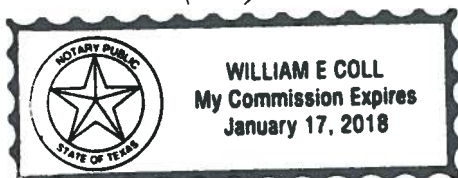
Paul.hinchey@austintexas.gov
Email Address

SWORN TO and subscribed before me this 12 day of February, 2014.


Signature of Person Administering Oath

William E. Coll
Printed Name

(Seal)



Notary Public for the State of Texas
Title



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Jose G. Cabanas, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Jose G. Cabanas, M.D.
Affiant

517 South Pleasant Valley, Austin, Texas 78741
Mailing Address ZIP

512-978-0004 787-292-9324
(Area Code) Phone Number (day and evening)

Jose.cabanas@austintexas.gov
Email Address

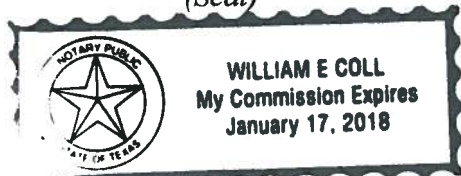
SWORN TO and subscribed before me this 12 day of February, 2014.

William E. Coll
Signature of Person Administering Oath

William E. Coll
Printed Name

Notary Public for the State of Texas
Title

(Seal)





OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Birch Duke Kimbrough, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

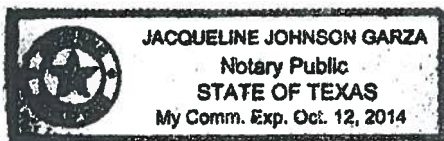
Birch Duke Kimbrough
Affiant

3801 S. Lamar Blvd, Austin, Texas 78756
Mailing Address ZIP

512-448-7160 512-422-5635
(Area Code) Phone Number (day and evening)

bdukekimbrough@sbcglobal.net
Email Address

SWORN TO and subscribed before me this 18 day of Feb., 2014.



(Seal)

Jacqueline Johnson Garza
Signature of Person Administering Oath

Jacqueline Johnson Garza
Printed Name

Notary Public for the State of Tx.
Title